

TRAVEL VOUCHER OR SUBVOUCHER				Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks.					
1. PAYMENT <input type="checkbox"/> Electronic Fund Transfer (EFT) <input checked="" type="checkbox"/> Payment by Check		SPLIT DISBURSEMENT: The Paying Office will pay directly to the Government Travel Charge Card contractor the portion of your reimbursement representing travel charges for transportation, lodging, and rental car, unless you elect a different option: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> a. Pay the entire reimbursement directly to me. </div> <div style="width: 45%;"> <input type="checkbox"/> b. Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$ 0.00 </div> </div>							
2. NAME (Last, First, Middle Initial) (Print or type) COASTIE, JOE			3. GRADE CIVILIAN		4. SSN 123-45-6789		5. TYPE OF PAYMENT (X as applicable) <input checked="" type="checkbox"/> TDY <input type="checkbox"/> Member/Employee <input type="checkbox"/> PCS <input type="checkbox"/> Other <input type="checkbox"/> Dependent(s) <input type="checkbox"/> DLA		
6. ADDRESS. a. NUMBER AND STREET 123 SEMPER PARATUS AVE.		b. CITY WASHINGTON		c. STATE DC		d. ZIP CODE 20593		10. FOR D.O. USE ONLY	
7. DAYTIME TELEPHONE NUMBER & AREA CODE 202-555-1234				8. TRAVEL ORDER NUMBER GET FROM ORDERS		9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES NONE		a. D.O. VOUCHER NUMBER Filled out by Coast Guard.	
11. ORGANIZATION AND STATION USCG CFIVAC				12. DEPENDENT(S) (X and complete as applicable) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ACCOMPANIED a. NAME (Last, First, Middle Initial) N/A </div> <div> <input checked="" type="checkbox"/> UNACCOMPANIED b. RELATIONSHIP N/A </div> <div> c. DATE OF BIRTH OR MARRIAGE N/A </div> </div>		13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code) N/A		c. PAID BY Filled out by Coast Guard.	
14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) <input type="checkbox"/> Yes <input type="checkbox"/> No (Explain in Remarks)				d. COMPUTATIONS This section to be filled out by Coast Guard.					
15. ITINERARY									
a. DATE	b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)	c. MEANS/ MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. POC MILES				
2002									
19AUG	DEP WASHINGTON, DC - HOME	PA							
19AUG	ARR WASHINGTON NATIONAL		AT		5				
19AUG	DEP AIRPORT	CP							
19AUG	ARR DFW AIRPORT		AT						
19AUG	DEP	CP							
19AUG	ARR CORPUS CHRISTI, TX AIRPORT		AT						
19AUG	DEP	CA							
19AUG	ARR CORPUS CHRISTI HOTEL		TD	\$300.00					
22AUG	DEP	CA							
22AUG	ARR CORPUS CHRISTI, TX AIRPORT		AT			e. SUMMARY OF PAYMENT (1) Per Diem (2) Actual Expense Allowance (3) Mileage (4) Dependent Travel (5) DLA (6) Reimbursable Expenses (7) Total (8) Less Advance (9) Amount Owed (10) Amount Due			
22AUG	DEP	CP							
22AUG	ARR WASHINGTON NATIONAL		AT						
22AUG	DEP AIRPORT	PA							
22AUG	ARR HOME - WASHINGTON, DC		MC		5				
16. POC TRAVEL (X one) <input checked="" type="checkbox"/> OWN/OPERATE <input type="checkbox"/> PASSENGER		17. DURATION OF TDY TRAVEL <input type="checkbox"/> 12 HOURS OR LESS <input type="checkbox"/> MORE THAN 12 HOURS BUT 24 HOURS OR LESS <input checked="" type="checkbox"/> MORE THAN 24 HOURS							
18. REIMBURSABLE EXPENSES									
a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED						
10 AUG 02	AIRFARE	\$355.00							
19 AUG 02	ATM FEES	\$ 1.50							
19 AUG 02	TAXI	\$ 22.00							
22 AUG 02	TAXI	\$ 20.00							
22 AUG 02	AIRPORT PARKING	\$ 38.00							
19. GOVERNMENT/DEDUCTIBLE MEALS									
a. DATE		b. NO. OF MEALS		a. DATE		b. NO. OF MEALS			
20.a. CLAIMANT SIGNATURE JOE COASTIE			b. DATE 25 AUG 02		c. SUPERVISOR SIGNATURE			d. DATE	
21.a. APPROVING OFFICER SIGNATURE								b. DATE	
22. ACCOUNTING CLASSIFICATION This section to be filled out by CG Headquarters.									
23. COLLECTION DATA									
24. COMPUTED BY		25. AUDITED BY		26. TRAVEL ORDER POSTED BY		27. RECEIVED (Payee Signature and Date or Check No.)		28. AMOUNT PAID	